

Offering Choices For Independence



Annual Report
State of Utah
Division of Aging and Adult Services
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2002 ANNUAL REPORT
**Utah State Division
of Aging and Adult Services**

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INTRODUCTION

Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965, creating the first federal legislation devoted exclusively to addressing the needs and challenges of older Americans. Since its passage, the Older Americans Act, as amended through 2000, has provided funding and leadership which has resulted in the establishment of a unique nationwide network of federal, state and local governments, and private providers serving the diverse needs of America's seniors. The Act can be viewed as a work in progress that has been amended on several occasions to address the changing needs of the older Americans.

The first Older Americans Act established the Administration on Aging (AOA) in the Federal Department of Health and Human Services, provided grants for demonstration projects and research on aging, training grants, financial support for state offices or units on aging, and funds for states to use in supporting projects for the aging.

Amendments passed in 1969 established the National Older Americans Volunteer Program which provided for Retired Senior Volunteers and Foster Grandparents. In 1972, the Act was amended as a result of a series of nutritional research and demonstration projects, creating a permanent nationwide nutrition program for the elderly. Amendments to the Act in 1973 required the states to create planning and service areas and to designate a public or private non-profit agency to serve as the Area Agency on Aging (AAA) in each of these locations. Currently there are 655 such agencies in the United States which plan and coordinate services and opportunities for older persons on a regional basis, 12 of which are found in Utah.

Other amendments passed in the 1970's established the Senior Community Service Employment Program, awarded grants for low-income persons age 60 and over to work as senior companions, supplied surplus commodities to the nutrition program with assistance from the U. S. Department of Agriculture, and added a separate age discrimination act. Amendments passed near the end of the decade established the Long-Term Care Ombudsman program providing professional and volunteer ombudsmen who assist older persons living in long-term care facilities. During the 1980's, enacted amendments required the Area Agencies on Aging to address the needs of older persons with limited ability to speak English, established a federal office for Native American, Alaskan Native, and Native Hawaiian Programs and increased an emphasis on services to the low-income minority elderly.

The most recent reauthorization of the OAA occurred in 2000 and further enhanced and enriched the Act. The Act includes a new program, National Family Caregiver Support Program, designed to assist caregivers of frail elder adults, and to a limited extent, grandparents raising grandchildren under the age of 18. The bill clarified the ability of Area Agencies on Aging to provide case management and information and referral services. The states must now assure that special needs of older individuals residing in rural areas will be taken into consideration and must describe how funds will be allocated to meet those needs. Also, the bill requires the Administration on Aging to develop, in collaboration with the aging network, a set of performance outcome measures for planning, managing and evaluating activities. The Division of Aging and Adult Services has been participating in the piloting of some of the proposed performance outcome measures.

Utah's Aging and Adult Services Program

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in accordance with the Older Americans Act. By Utah statute (62A-3-104) the Division was granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors. Local Area Agencies on Aging have been designated to cover all geographic regions of the state and are charged with the responsibility of providing a comprehensive array of services and advocacy for the needs of seniors residing in their areas.

In 1986, the Division was given the administrative authority for Adult Protective Services, a program to protect seniors from abuse, neglect, or exploitation. Adult Protective Services workers provide services designed to assist victims and prevent further abuse, neglect, and exploitation. Staff located in a statewide system of offices, and working in cooperation with local law enforcement, investigate cases involving seniors and disabled adults.

The Division has adopted the following Vision Statement, Mission Statement and Guiding Principles to communicate its purpose.

VISION STATEMENT

"OFFERING CHOICES FOR INDEPENDENCE"

MISSION STATEMENT

The mission of the Division of Aging and Adult Services is to:

- Provide leadership and advocacy in addressing issues that impact older Utahns, and serve elder and disabled adults needing protection from abuse, neglect or exploitation.
- Fulfill our vision of **offering choices for independence** by facilitating the availability of a community-based system of services in both urban and rural areas of the State that support independent living and protect quality of life.
- Encourage citizen involvement in the planning and delivery of services.

GUIDING PRINCIPLES

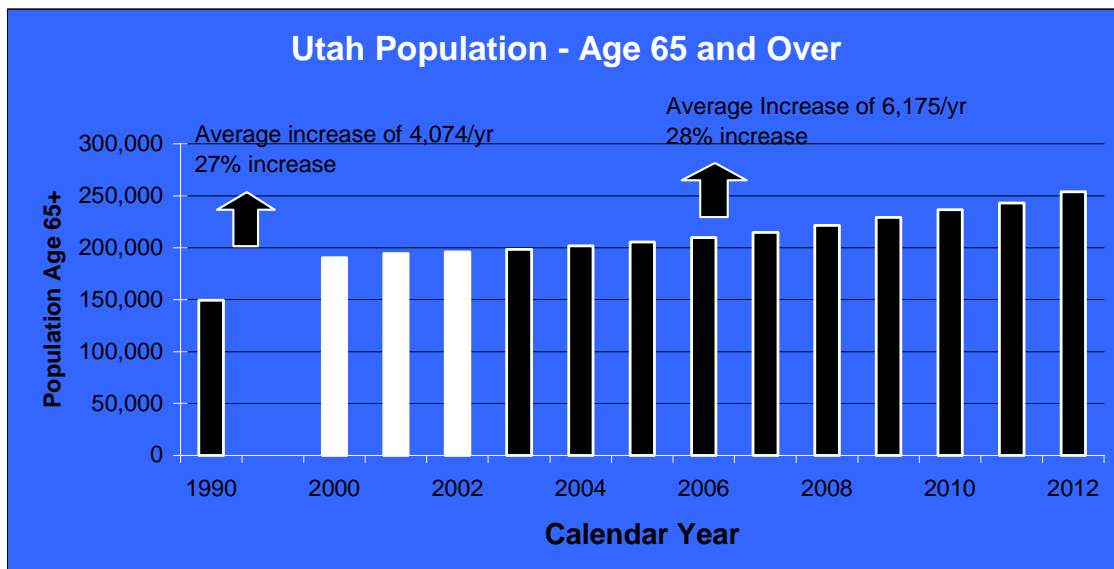
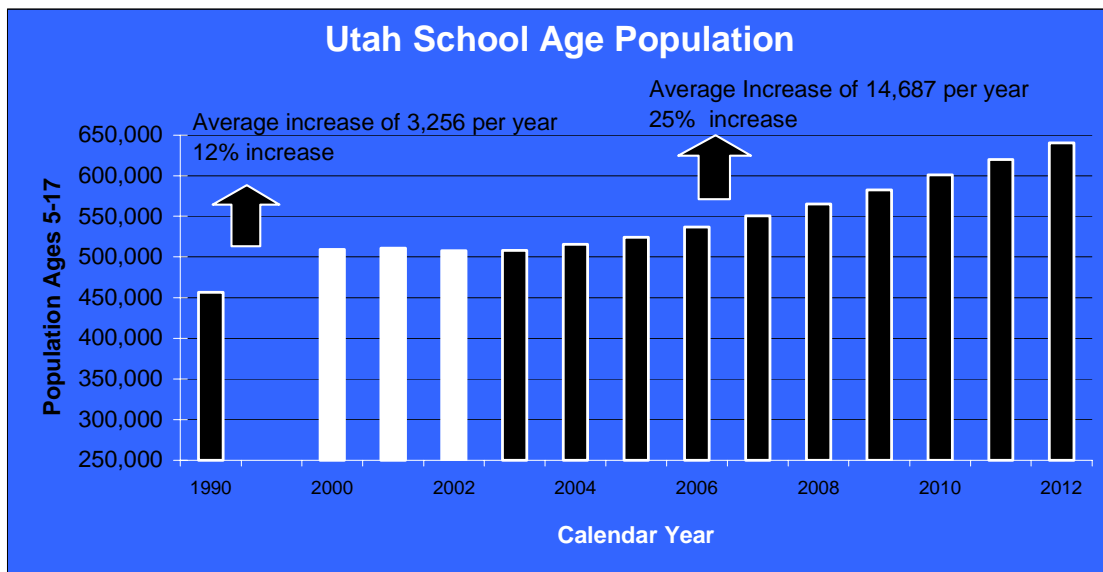
The Division of Aging and Adult Services believes that:

- Utah's aging and adult population has many resources and capabilities which need to be recognized and utilized. The Division has an advocacy responsibility for insuring opportunities for individuals to realize their full potential in the range of employment, volunteer, civic, educational, and recreational activities.
- Individuals are responsible for providing for themselves. When problems arise, the family is the first line of support. When circumstances necessitate assistance beyond the family, other avenues may include friends, neighbors, volunteers, churches, and private and public agencies. The Division and its contractors are responsible to assist individuals when these supportive mechanisms are unable to adequately assist or protect the individual.
- Expenditure of public funds for preventive services heightens the quality of life and serves to delay or prevent the need for institutional care.
- Aging and Adult Services programs should promote the maximum feasible independence for individual decision making in performing everyday activities.
- An individual who requires assistance should be able to obtain service in the least restrictive environment, most cost-effective manner, and most respectful way.

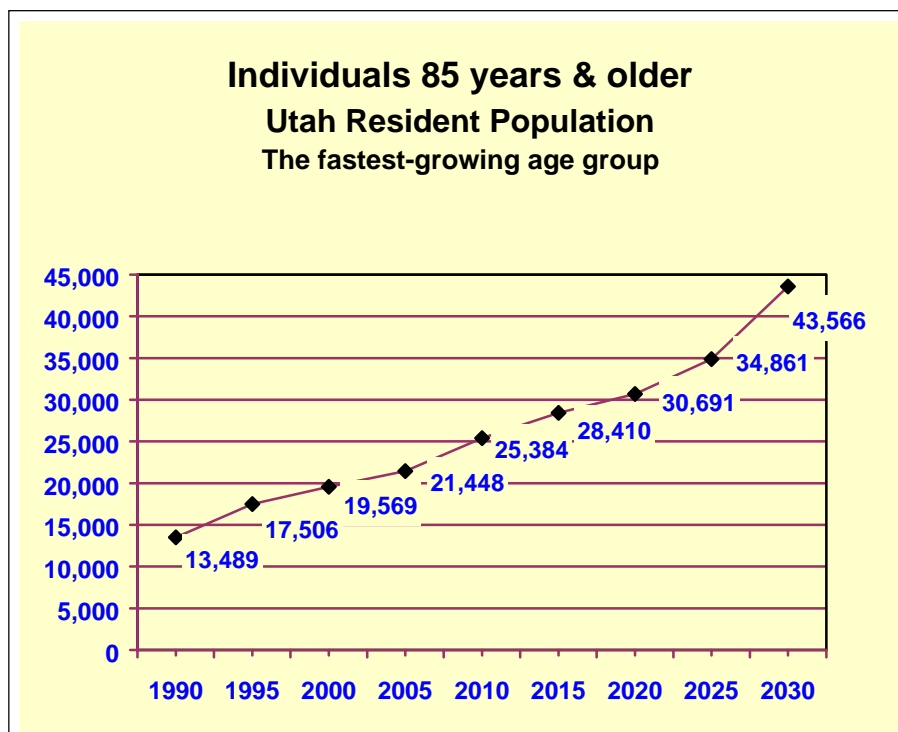
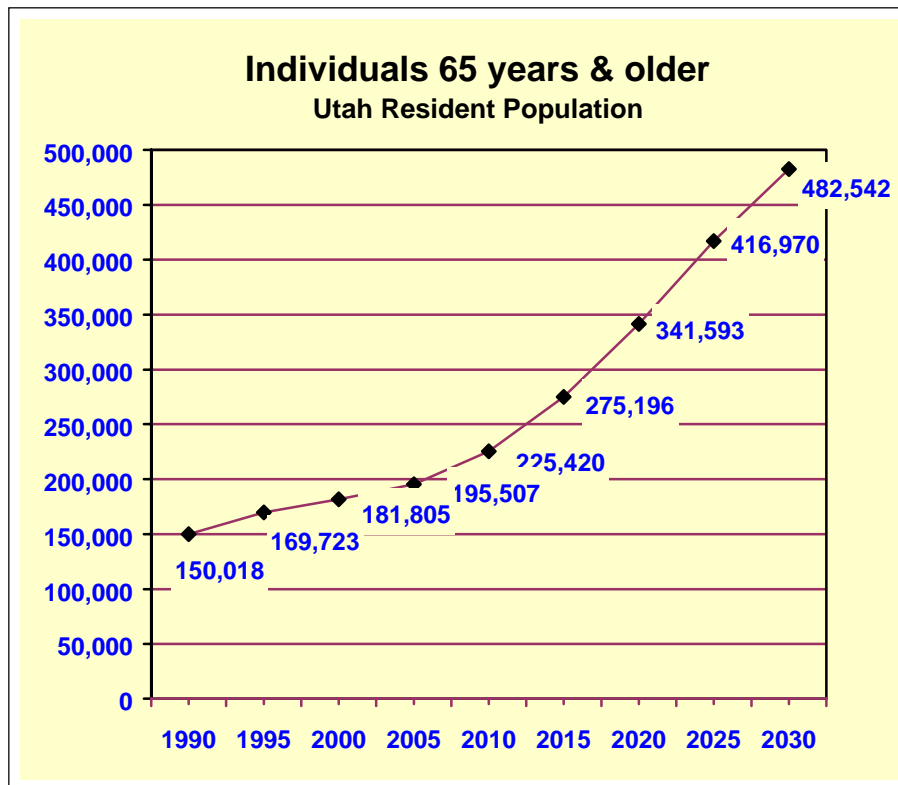
Issues And Challenges

Providing needed services to the senior population of Utah will become more challenging in the future due to increasing growth of this population. The U.S. Census Bureau predicts that the senior population in the U.S. will increase to 70.2 million by the year 2030, and that Utah's senior population (65 and older) will grow to 482,542 by the year 2030, for an increase of 165% from the year 2000.

Growth: While Utah is recognized as a State with a large young population, many are not aware that Utah also has one of the fastest growing older populations in the country. The following bar chart shows that Utah's school-age population will increase dramatically over the next 10 years, demonstrating a 25% increase. However, Utah's 65+ population will sustain a similar growth rate: in the past 10 years it increased 27% and the next 10 years it will increase by 28%.



Utah continues as the nation's "youngest state." Its median age of 27 years is eight years younger than the U.S. median of 35. Despite its youthfulness, Utah's population is growing older and living longer. The following charts show that Utah's 65+ population will increase by **165%** between 2000 and 2030. The actual population numbers are 181,805 in 2000 to an estimated 482,542 in 2030. In addition, the 85+ population in Utah will increase by **123%** between 2000 and 2030. The actual population number is 19,569 in 2000 and is estimated to be 43,566 in 2030.



Source: Demographic & Economic Analysis, Governor's Office of Planning & Budget, 2000

The "baby boomer" cohort, those born between 1946 and 1964, will dramatically increase the 60+ population group by 2006. The projected annual increase of the 60+ group starting in 2006 will be three times the increase observed between 1993 and 2006.

According to the 2000 census, Utah has the seventh most rapidly increasing population age 65 and older in the nation. The predicted aging of the state is a situation that has been created by two main factors: 1) the increase in longevity due to better health, sanitation, nutrition, and medicine and, 2) the “baby boomer” cohort reaching retirement age. There is concern that the predicted growth of those needing services will overwhelm the existing programs and services that are currently being provided to Utah’s older citizens. There is a need to invest in planning and designing better ways to articulate the impact that the aging of Utah’s population will have upon the current service delivery systems, while at the same time maintaining a solid foundation of current services for existing individuals over the age of 65.

Needs Assessment Survey: During fiscal year 2002, the Division of Aging and Adult Services in cooperation with the Area Agencies on Aging conducted the first public statewide survey of seniors since 1978. The purposes of the survey were to assess Utah’s senior citizens’ knowledge about services offered by the Area Agencies on Aging and satisfaction with the services offered, and to gauge their attitudes and preferences regarding an array of services that they believe will be needed to maintain their independence as they continue to age. As the baby boomers begin to reach retirement age, it is important that their needs, expectations and wants are taken into consideration by all levels of government.

The survey questionnaire was mailed to a sample of 6000 randomly selected Utahns aged 55 and over. They were asked to answer a broad range of questions about their current and anticipated service utilization patterns, and a variety of attitudinal measures regarding the importance of various types of services and support mechanisms either currently available or perceived as being needed. While there was some initial concern that seniors would not be willing to participate in such a survey, slightly over 60 percent of those seniors who received the survey responded, with many expressing an interest in participating in future needs surveys. The oldest respondent was 101 years of age.

While the results of the survey are currently being analyzed, the following findings have been identified:

1. Utah’s senior population’s residential circumstances are very stable. Over 90% live in their own homes, over 50% have lived in their communities for over 25 years, and nearly 75% consider it unlikely that they will be moving within the next five years. Utah’s senior population will be aging in place rather than moving to other communities or states to retire.
2. While the majority of seniors surveyed had not used services offered by Area Agencies on Aging, the vast majority were aware that services were available, believed that access to such services was important for seniors to remain independent, are planning on using the services in the future and supported public financing of the services. The services best known as being available and that will be used in the future included home-delivered meals, transportation services for medical purposes, in-home services and caregiver support (respite) services.
3. One-fourth of senior respondents reported taking five or more prescription medications on a monthly basis, and nearly one-fourth of Utahns reported out-of-pocket prescription expenses averaging more than \$100 per month, with six percent spending \$200 or more per month. The cost of prescription drugs is a concern that Utah seniors share with seniors residing in other parts of the country.
4. Sixty-six percent of Utah’s older population does not plan carefully for their retirement needs, particularly those needs that involve the adequacy of financial resources. Among

those seniors who have not retired, the vast majority believe that difficulties in obtaining adequate health insurance coverage and inadequate financial resources will cause them to delay retiring.

Outcome Measures Study: As part of a Federal Administration on Aging (AOA) project, the Division of Aging and Adult Services (DAAS) collected information on how satisfied clients were with three different services provided to them with funding from the Older Americans Act. The three services were; (1) home-delivered meals provided by Bear River AAA and Mountainland AAA, (2) case management provided by Bear River AAA and Southeastern AAA and, (3) transportation services provided by San Juan County AAA.

Home-Delivered Meals: The home-delivered meal survey was handed to the client with the meal. Clients were to mail the survey back to the State Division. Approximately 50% of the surveys (358 clients) were returned to DAAS for analysis. Results were summarized from the eleven questions from the survey.

Overall, clients are very satisfied with both the quality of the home-delivered meals and the number of meals received. Equally important, over 90% reported that they felt better because of the meal they received and 83% reported that they felt safer knowing that someone would be delivering a meal and visiting with them.

Case Management Service: Case management services are designed to help locate, coordinate and monitor necessary and appropriate services for the individual. The case management survey was mailed to each client receiving case management services during a specific time frame. Approximately 73% of the surveys were returned for analysis. Results were summarized from the thirteen questions from the survey.

100% of the clients who responded reported that they were satisfied with the case management service. The strongest responses were 91.3%, who stated that the case manager was kind to them and they knew they could contact their case manager when they needed to. Approximately 83% said their case manager does a good job setting up care for them. When asked if the case manager has failed to get services for them, or was rude, or it would be a waste of time to call the case manager if they had a problem, none of the clients said yes.

Transportation Service: The transportation survey was conducted in one of the most rural areas of the state. Some clients live several miles from the nearest town and senior centers. Surveys were mailed to each client. Also, Navajo clients were interviewed by a Navajo-speaking interpreter. Approximately 55% of the surveys were returned for analysis.

Overall, clients were satisfied with the transportation services provided to them. The strongest responses were 92.1%, who said the drivers picked them up when they were supposed to and they arrived at their destinations on time. Approximately 90% stated that they get the number of rides they need and that the drivers helped passengers into and out of their homes and the van. Clients (84%) responded that they get to the places they need/want to go and the drivers were polite.

When asked which activities clients were able to get to more often, approximately 66% said shopping, 58% said social/recreational events, 47% said the senior center/lunch and about 32% listed the doctor/health care.

Health Care: Health care is the most significant issue facing Utah's senior citizens. The number of seniors who are 85 years old and older is growing rapidly and is expected to number 43,566 individuals by 2030. This is a 123% increase in 85+ population from the current year. A majority of these individuals have chronic illnesses and disabilities which affect their daily activities. As seniors become more frail, they require more intensive services. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. More options should be available to these individuals to enable them to remain in their homes and communities. Medicaid and Medicare programs assist these individuals, but the challenges associated with adequate funding continues. The aging network of professionals hopes to enhance quality of life and significantly address budgetary concerns by supporting seniors in their home and community and preventing premature institutionalization. This is accomplished through providing home health care, home-delivered meals and other supportive services.

Studies of the hospitalization trends, patterns, and experiences of older adults are an important element in ascertaining the impact of older adults on health care resources, the adequacy of their access to health care, as well as the cost and quality of the health care they receive. In a report "Hospitalizations Among Older Adult Utahns" the Utah Department of Health documents that the number of annual hospital discharges involving older adults increased by more than one-quarter from nearly 38,000 in 1992 to more than 48,000 in 1998. Coronary atherosclerosis and other heart disease and pneumonia accounted for the most frequent health problems. Over three of five hospital discharges among older adults involved a procedure. Coronary artery bypass surgery was listed as the primary procedure that had the longest average length of stay, the highest mean hospital charges, and the highest rate of in-hospital mortality. With the high costs of health care, it is increasingly important to help seniors maintain their health and educate them about programs that promote a healthy lifestyle.

Wellness Activities: Quality lifestyles are important, and the Division, in cooperation with the State Department of Health, is working continually on developing "wellness" programs. These programs encourage adults in their 60's and younger to adopt lifestyles that emphasize healthy diets and exercise as a means of preventing or postponing future health problems and disease. The Division is a member of the Utah State Council on Health and Physical Activity, a group representing aging, health, community agencies and advocates. The Council's mission is to identify strategies for meeting the health, nutrition, and aerobic and strength training activities in ways that encourage independence and individual choice.

Another concern is the management of prescription drugs by the elderly population. While people 65 and older represent less than 13% of the population, they consume 1/3 of all prescription drugs and 50% of all over-the-counter and herbal products. Utah's aging population has a greater number of chronic illnesses that increase in severity as time progresses, requiring even more drug therapy. Physicians, pharmacists, and other health professionals need to talk to seniors about the medications they are taking and give them the appropriate information when new medications are prescribed. This includes dosages, how and when to take the medication, duration of therapy, how to know if it is working, what problems to watch for, and what to do if problems occur.

The Division in cooperation with the Area Agencies on Aging, the Utah Medical Association Foundation and a number of pharmaceutical companies developed a "medication checkbook" that provides seniors with a place to record the medications they are taking. Television and radio

spots were produced to advise seniors about the availability of the checkbooks and the “Check Your Health” web site was modified to provide opportunity for seniors to request the checkbook on line. Over 40,000 checkbooks have been distributed to seniors, many through senior centers, hospital out-patient clinics, and physician offices.

Transportation: Probably one of the most frequently mentioned needs of elderly seniors who are trying to remain independent is a reliable and accessible source of transportation. Circumstances change as people age, either by choice, environment or abilities. Some become unable to transport themselves to places for critically needed services. Social commitments and family obligations still remain an important aspect of a person’s overall physical and mental well-being. Public transportation is often restricted to the urban areas of the state and is mostly directed to the needs of younger employed populations. Special transportation services provided for those with functional limitations have overly restrictive qualifying criteria and requires excessive paperwork to access and schedule service. The transportation program offered through Area Agencies on Aging suffers from a lack of adequate vehicles, trained staff and drivers, funds for insurance, gasoline repairs, and frequency of trips, and accessibility. Transportation for medical appointments, shopping and other normal functions of independent living are often restricted to those in greatest need. Lack of adequate transportation can lead to social isolation and may result in depression and the need for medical attention. The current transportation service delivery system is not meeting today’s needs nor is it equipped to meet the increased needs of a rapidly growing elderly population.

Housing: One of the most frequently stated desires of people as they age is the ability to reside in their own homes. It is estimated that approximately 90% of seniors over the age of 65 reside in their own homes. Many of these seniors, however, have one or more multiple functional limitations of daily living that necessitate a physical modification in the home to support their continued residence. More assistive devices and home modifications are needed to provide a safe environment, when it is medically feasible and safe for the senior to stay at home. In addition, access to an array of supportive services including home-delivered meals, homemaker chores, and personal care are needed to allow them to remain at home.

For those seniors who are not physically able to remain in their own homes, alternative living arrangements including group homes, supportive boarding homes and assisted living facilities are preferred and are more economical than being cared for in a traditional nursing facility. Unfortunately, such alternative group living arrangements are either too costly for a significant number of seniors, not in accordance with prevailing zoning or state rules, or not available within the community. Keeping seniors at home and in the community requires affordable and adequate housing as well as creative types of housing for seniors who are not able to remain in traditional living facilities.

Employment: An emerging issue in the American society is the need to provide employment for seniors who were previously considered ready for retirement. It is estimated that the withdrawal of older workers from the labor force results in a national loss of productivity of \$100 billion per annum. The economics of many older citizens make it necessary for them to continue working to support themselves. Continuing to work permits seniors to continue to “pay into” benefit programs and delay taking from such programs, report a better status of health, and have incomes approximately 1.5 times that of a retiree. Employment provides motivation to maintain social contacts and to stay involved in meaningful activities.

Information/Referral - Access to Information: The lack of current, comprehensive and easily accessed information about services can effectively deny a senior the opportunity to remain independent. While many entities purport to have information services available, there is no single source where a person may seek information about aging network services. Too often a senior citizen and/or a family member seeks assistance when a crisis occurs and immediate help is needed. Lack of a single entity that can either provide the information requested or know where the information can be obtained often results in either no help being provided or a senior unnecessarily being placed in an overly restrictive setting. Current information systems need to be expanded and linked to other information centers, forming an information repository that can be easily accessed by the public.

The Division is working on the development of a senior-friendly web site that will enable seniors to utilize the internet to gain access to information they need to enable them to connect with needed services and to communicate electronically with family and friends. In addition, the Division is a member of the "Real Choice" grant committee that is working on the development of an information system that will provide Utahns with a no-wrong-door approach to obtaining information about available social services.

Long-Term Care Solutions: While every effort is made in assisting seniors to remain independent, the Division recognizes that some will require care in a long-term setting. Attention needs to be given, however, to insure that such care is provided in the least restrictive environment and for the shortest period of time. The Division has been a participant in the Utah Health Policy Commission's Long-Term Care Technical Advisory Group. Recommendations developed by the group include ideas for cost sharing, education and information, prevention efforts, and respect for the individual. In addition, the Division continues to be an active participant in the Olmstead Planning Committee that is working on the development of a plan to insure that Utahns are offered opportunity for care in the least restrictive environment.

Long-Term Care Ombudsman Program: Many programs, including the Medicaid Home and Community-Based Waiver Program and the Alternatives Program, provide alternatives to nursing home placement. However, over 10,000 Utahns live in skilled nursing facilities, assisted living facilities or other long-term care settings. For many of these individuals who have dementia, Parkinson's disease, heart disease or a combination of conditions, these facilities are the only alternative. The Long-Term Care Ombudsman Program acts solely on behalf of the frail elderly residents who live in these facilities. The LTC Ombudsmen strive to solve problems and resolve complaints to increase the quality of life for the residents. They advocate for and protect the rights of this vulnerable population.

There has been a great increase in the number of assisted living facilities in the past few years with many others being built. On the Wasatch Front it is becoming more and more difficult for ombudsmen to make regular visits to all the facilities, conduct community education, and help with resident councils. The complaint investigations seem to demand most of the program's resources. In FY2002, approximately 3,782 complaints were registered with the ombudsman program statewide. This is a 344% increase since 1993, while the funding for ombudsman staffing has not increased. The challenge is to complete all investigations without allowing this process to consume the entire program. Developing working relationships with facilities and residents through training and regular visits has suffered with this increased complaint load. More systemic and prevention advocacy is essential to a good program. This includes educating the public, monitoring of regulators and working to improve oversight, supporting legislation,

and other interventions that enhance the overall quality of care in nursing homes and other long-term care facilities.

National Family Caregiver Support Program: The enactment of the Older Americans Act Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP). The program was developed by the Administration on Aging after listening to the needs expressed by hundreds of family caregivers across the country. Approximately \$113 million has been allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The program will allow the 12 Area Agencies on Aging with local community-service providers to offer five basic services for family caregivers. These services are: (1) information to caregivers about available services, (2) assistance to caregivers in gaining access to supportive services, (3) individual counseling, organization of support groups, and training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles, (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and (5) supplemental services, on a limited basis, to complement the care provided by caregivers. Rules defining how the caregiver program will operate within Utah are being developed in cooperation with the Area Agencies on Aging.

ORGANIZATIONAL STRUCTURE

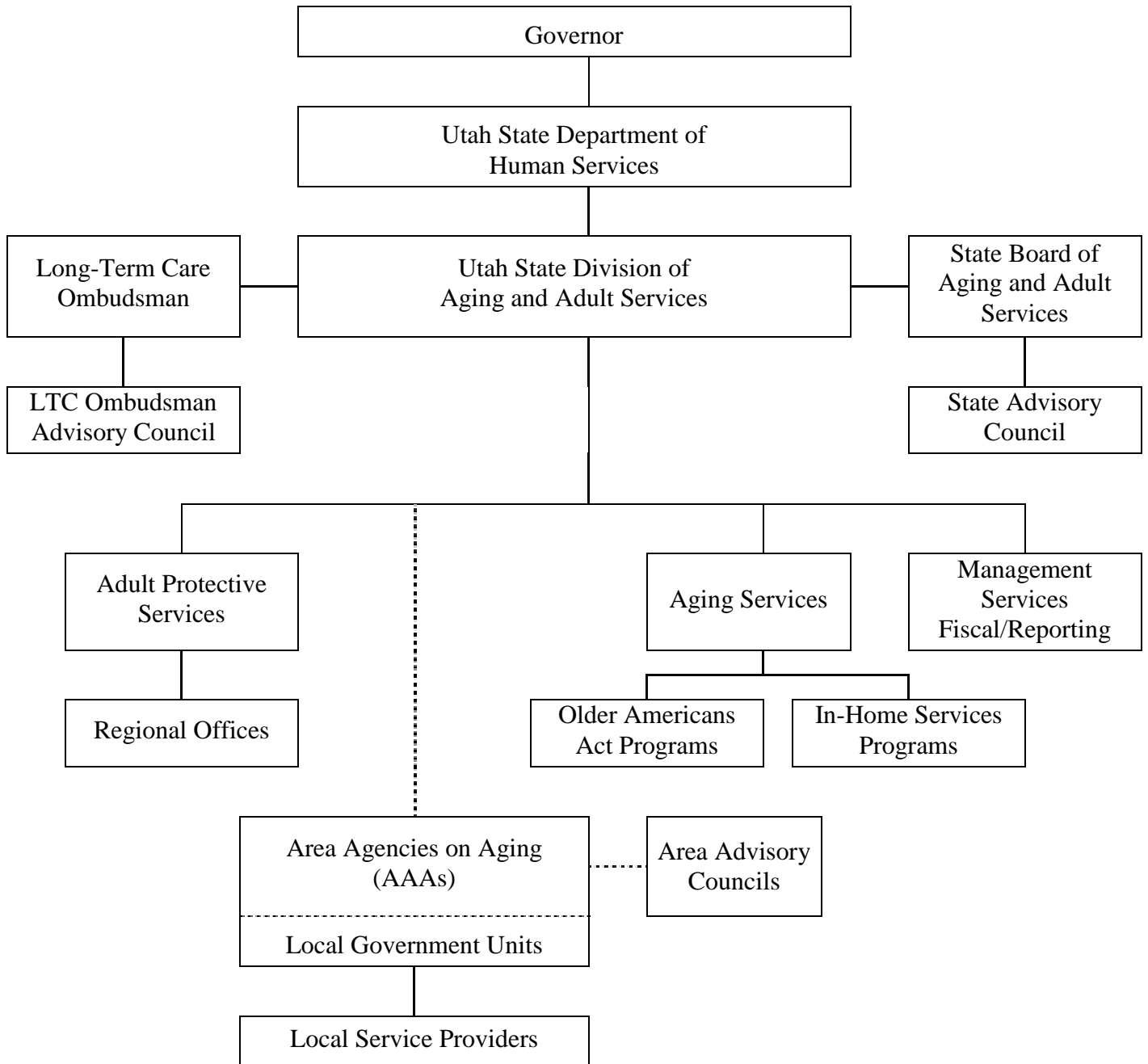
The Division has the responsibility to administer, deliver and monitor services to aging and vulnerable adult residents of Utah. To meet this responsibility, two program areas have been created: 1) Aging Services, and 2) Adult Protective Services.

The Aging Services Program is responsible for the provision of services needed by the elderly as set forth in the Older Americans Act and other enabling legislation funded by federal, state, and local governments. Aging services in Utah are delivered by local Area Agencies on Aging through contracts from the State Division of Aging and Adult Services.

The Adult Protective Services Program is mandated by state law to investigate all cases of reported abuse, neglect or exploitation of vulnerable adults. The program also offers services designed to protect abused, neglected, or exploited vulnerable adults from further victimization and assist them in overcoming the physical or emotional effects of such abuse. The following chart depicts the organizational structure of the Division of Aging and Adult Services.

Utah State Division Of Aging And Adult Services

Organizational Chart



ADMINISTRATION

The Division receives policy direction from a seven-member Board of Aging and Adult Services appointed by the Governor and confirmed by the State Senate. The Utah State Advisory Council on Aging and Adult Services, composed of seniors and advocates for seniors, identifies and studies issues related to aging services, and reports its findings and recommendations to the Board and the Division.

SERVICE DELIVERY

Aging Programs

The Division contracts with units of local government or Associations of Governments to operate Area Agencies on Aging (AAA). A funding formula is used to allocate funds to the AAAs, who are responsible for the planning, development and delivery of aging services throughout their geographic areas. The AAAs, in turn, contract with local service providers and/or provide services directly to meet the identified needs of their elderly population. The services available within a service area may include, but are not limited to, congregate and home-delivered meals, information and referral, volunteer opportunities, transportation, and a variety of in-home services including Homemaker, Personal Care, Home Health Care, and Medicaid Home and Community-Based Aging Waiver Services. Several other services are available as set by local priorities. A list of AAAs is located on page 31.

Adult Protective Services

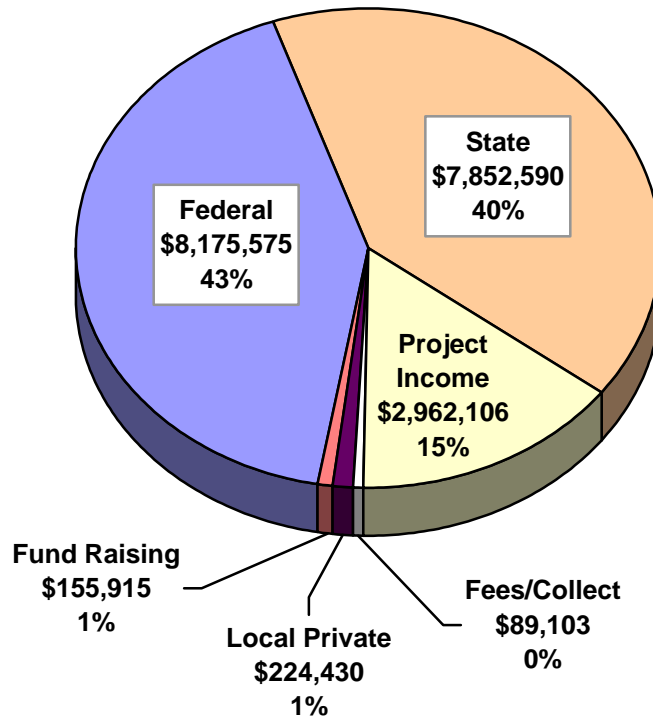
The Division of Aging and Adult Services is responsible for the administration of Adult Protective Service Programs (APS). Within the administrative structure of the Division, there is an Associate Director of Adult Services who has statewide administrative responsibility for the program. Adult Protective Services are delivered by Division staff through APS Regional Offices. A complete list of the APS Regional Offices is located on page 33.

I. AGING SERVICES

A. Funding Aging Services Programs

There is a variety of funding sources for the programs administered by the Division's Aging Services, including federal, state and local governments. The following figure shows the percentage and amount of the total aging services budget that each of the major entities contributes. The federal share is received through allocations authorized by the Older Americans Act. State funds are appropriated by the Utah Legislature, with local funding provided by the counties, private contributions, and from the collection of fees.

Aging Services - Fiscal Year 2002 Expenditures by Funding Source



Source: Utah Division of Aging and Adult Services, November 2002 (Total: \$28,265,180)

B. Review of Aging Program Fiscal Year 2002 Activities

The Division of Aging and Adult Services was created as Utah's State Unit on Aging in compliance with the Older Americans Act. By State Statute 62A-3-104, the Division is granted the legal authority to establish and monitor programs that serve the needs of Utah's seniors.

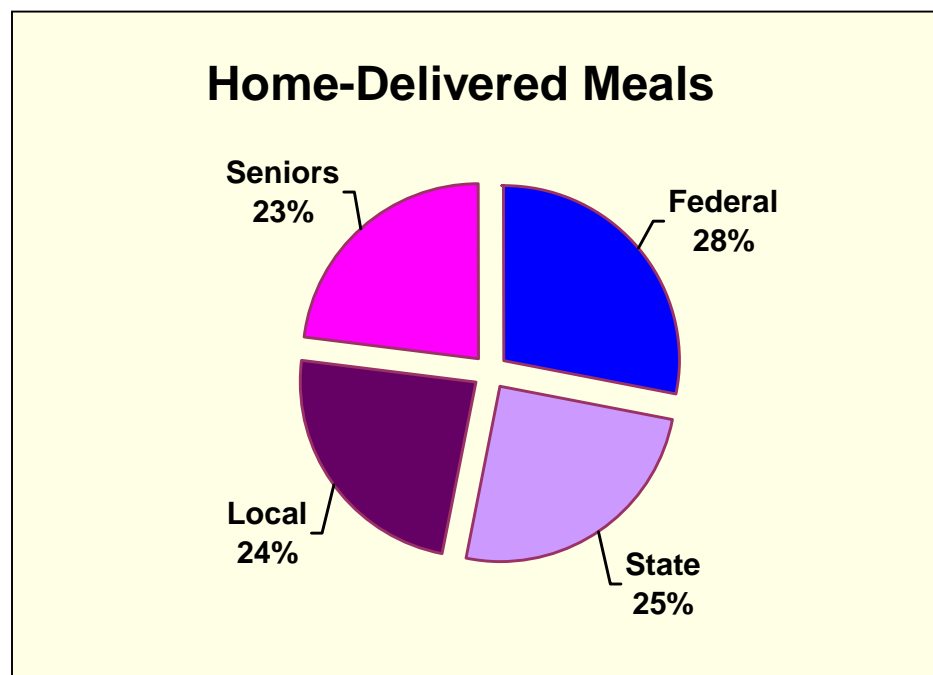
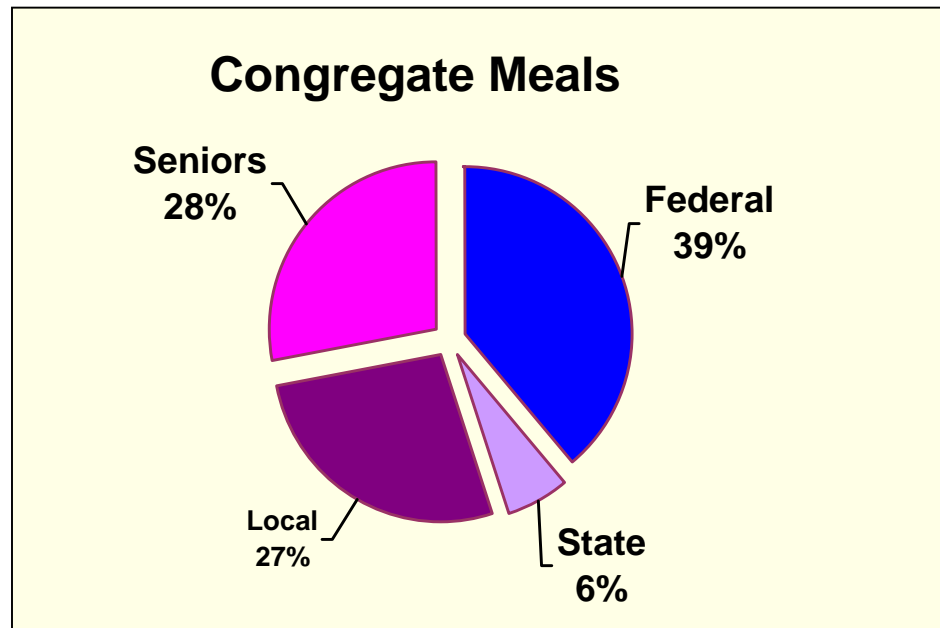
The following is a review of the services available through the Division and the AAAs to help the elderly and their families deal with the problems created by the aging process.

1. Nutrition

Good nutrition for all ages is central to good health and fitness, but it is crucial as seniors age and physical capacity declines. Research shows that when seniors do not eat nutritionally well-balanced diets they often display symptoms similar to those of serious disease or illness, which may result in costly and often unnecessary treatment. To contribute to good health and reduce the problems associated with malnutrition, a nutrition program has become a central part of the Division of Aging and Adult Services' delivery system. The Nutrition Program consists of nutrition screening and assessment, home-delivered meals, congregate meals, and nutrition education. In 2002, these programs served 32,089 seniors who received meals that were aimed at enabling them to remain at home and in their community.

The power of good nutrition can help seniors keep their independence. Poor nutrition and poor intake of water and other fluids (hydration) are the leading causes of morbidity and mortality in the elderly population. Good nutrition and hydration leads to fewer illnesses, fewer post surgery complications, shorter hospital stays and less money spent on medications.

The following charts show how the Aging Services' Congregate and Home-Delivered Meals Programs were funded during Fiscal Year 2002.



i. Congregate Meals	b. Home-Delivered Meals
The congregate meal program provides one meal a day that meets 33 1/3% of the recommended dietary requirements for elderly Utahns at approximately 100 meal sites across the state.	The home-delivered meals program provides one meal a day that meets 33 1/3% of the recommended dietary requirements for elderly Utahns who are age 60 or over, home-bound, and have limited capacity to provide nutritionally-balanced meals for themselves.
These meals are made available to individuals age 60 and over. A confidential contribution is encouraged. The suggested contribution amount is established by the local Area Agencies on Aging. These contributions equaled 28% of the total budget in FY 2002 and are used to enhance the congregate meals program.	Home-delivered meals are delivered to the participants' homes five days a week, except in some rural areas where funding may limit this to only four days a week with a waiver approval. Through the assessment process, an effort is made to assure that those with severity of need are served. Contributions in an amount set by the local Area Agencies on Aging Advisory Councils are encouraged and go directly to the Home-Delivered Meals Program. In FY 2002, contributions to the program accounted for 23% of the total budget. Due to funding limitations, there are still unserved and underserved areas of the state.

CONGREGATE MEALS FISCAL YEAR 2002	
• Undupl. Persons served:	22,528
• Meals served:	946,185
• Total expenditures:	\$4,780,310
• Contributions by seniors:	\$1,324,633
• Average cost per meal:	\$5.05

HOME-DELIVERED MEALS FISCAL YEAR 2002	
• Undupl. Persons served:	9,561
• Meals served:	1,013,481
• Total expenditures:	\$5,647,808
• Contributions by seniors:	\$1,317,453
• Average cost per meal:	\$5.57

Typical Home-Delivered Meal Recipient: The following profile of home-delivered meal recipients gives some idea of who the participants are and what may be expected in future years. As medical advances allow people to live longer, seniors are experiencing increased chronic illness, which limits their ability to adequately care for themselves.

The Home-Delivered Meals Program helps meet the needs of these individuals. An increasing demand for this service is expected.

- Age: 0% are 75 years of age or older.
0% are 85 years of age or older.
- Female: 5%
- Lives alone: 5%; Requires assistance with ADL's*
- Receives at least five meals per week
- 1/3 of the recipients require special diets (low sodium, high protein, diabetic, etc.)
- Receives nutrition education

* ADL = Activities of Daily Living

2. The Home and Community-Based Alternatives Program

During FY 2002, the state-funded Alternatives Program assisted 1,865 Utah seniors by providing home-based services that enhanced independence and enabled them to remain in their own homes. If these services were not available, these seniors who have health, mobility or functional limitations would likely require placement in a long-term care facility far earlier in their lives, with a resulting decrease in quality of life and increase in expense. The Alternatives Program provides services based on assessment by a professional case manager who works for the Area Agency on Aging local to the client's domicile. Although clients must meet income and eligibility guidelines to receive services, the Alternatives Program is the most flexible of the in-home service programs, and, as such, can provide services not available from other sources. Any fees assessed are based on the individual's ability to pay.

Services include, but are not limited to, case management, homemaker, personal care, respite care, special equipment, and other services necessary to promote safety and to allow individuals to remain in their own homes. Funding limitations and lack of providers restrict the range of services available in Utah. The following chart profiles the utilization of services under this program in FY 2002.

The Alternatives Program		
<ul style="list-style-type: none"> • Homemaker • Personal Care and Home Health Aide • Other Services <ul style="list-style-type: none"> -Home-Delivered Meals -Respite/Adult Day Care -Transportation 	• Individuals Served:	1,865
	• Expenditures: State Funds:	\$3,644,828
	Fees:	\$56,255
	Local Funds:	\$173,300
	• Average Annual Cost per Client:	\$3,056
	Age of Clients: Under 60:	14%
	60 - 74:	22%
	74 - 84:	36%
	85+:	28%

3. National Family Caregiver Support Program

As medical advances allow people to live longer, seniors are living with increased chronic illness, which frequently limits their ability to adequately care for themselves. The national prediction is that the number of seniors needing assistance with basic tasks will double between 1990 and 2030. In response to these data, the aging network has been actively developing home and community-based services to create more options for seniors who choose to remain in their homes and communities.

The National Family Caregiver Support Program (NFCSP) was established with the enactment of the Older Americans Act Amendments of 2000. This program was developed by the Administration on Aging after listening to the needs expressed by hundreds of family caregivers across the country. Approximately \$113 million has been allocated to states through a congressionally mandated formula that is based on a proportionate share of the 70+ population. The program, currently administered in Utah by the 12 Area Agencies on Aging with local community-service providers, allows for the provision of five basic services to assist family caregivers, including:

1. information to caregivers about available services;
2. assistance to caregivers in gaining access to supportive services;
3. individual counseling, organization of support groups, and training to caregivers to assist them in making decisions and solving problems relating to their caregiving roles;
4. respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
5. supplemental services, on a limited basis, to complement the care provided by caregivers.

Providing care to a frail, sick, or incapacitated adult or elderly spouse, parent or adult child is a very demanding activity. When combined with other activities in the caregiver's life this can be exhausting. At times, the demands on the caregiver become so great that the caregiver's physical and emotional health and well-being are seriously affected. Services provided through the NFCSP enable caregivers to continue to perform caregiving activities for a longer period of time and promote maintaining a healthy balance in their own lives.

The NFCSP differs from other in-home services programs in that these services can only be intermittent and short-term, and are available to caregivers of people 60 years of age or older, to grandparents (60+) providing care to a child up to the age of 18, and to older individuals providing care and support of persons with mental retardation or related developmental disabilities. The program enables the caregiver, in consultation with the professional care coordinator, to obtain identified services that will provide relief and enable them to continue their caregiving duties.

In response to the multitude of needs of family caregivers, many organizations are developing and implementing programs to support their efforts. While caregivers are the backbone of the long-term care system, there is a lack of a comprehensive approach on how to reach out to them and provide them with quality and relevant information that supports them in their difficult roles. Often opportunities are lost because efforts are not coordinated and adequately publicized. To address these problems, the Division of Aging and Adult Services (DAAS) is an active participant in the development of a Statewide Coalition for Caregiver Support. The coalition is composed of caregivers, care receivers and many statewide organizations, both public and

private, who provide caregiver support services. In collaboration, the group serves as a catalyst to facilitate and promote discussion, civic action to address the needs of family caregivers, and coordinate programming efforts.

Currently, the Statewide Coalition for Caregiver Support is involved in a process of gathering and disseminating information related to caregivers and their needs. Through this process the coalition has taken an active role in assessing the community's caregiving needs and identifying gaps in services. Model standards and protocols are being developed, and community leaders are collaborating with each other, caregivers and their families in an effort to address the broad and changing needs of caregivers. The mission is to develop a statewide service delivery system that understands and meets the needs of caregivers, while collaborating to identify and coordinate services and facilitate access to these services.

A caregiver survey has been developed and administered to 19,000 state employees through the State of Utah's wellness program, Healthy Utah. Since it has been reported that over 50% of caregivers are employed full time, DAAS would like to determine the number of caregivers employed by the State and learn how the caregiving role impacts their daily work activities and how employers can respond to their needs. The Division received approximately 1,500 responses to the survey. The data indicate that:

Caregiver Survey

- 63% anticipate they will be in the caregiving role in the next 5–10 years;
- 13% currently provide direct financial support to their care receiver;
- 57% perform regular household chores and assist care receivers in maintaining their living quarters;
- 64% provide companionship by personal visits or by telephone;
- 59% respond to emergencies that arise for their care receiver;
- 35% reported that their caregiving responsibilities interfere with their work time either sometimes, frequently, or very frequently; and
- 50% reported that they spend some time away from work because of their caregiving responsibilities.

Information gathered from this survey will enable us to gain a better understanding of the needs of working caregivers. Responses to the survey indicate that employees feel they could benefit from assistance from their employers in the following areas: 44% could benefit from information about community resources; 54% need useful tips for caregivers; 40% feel they could benefit from referrals to the aging services network; and 48% need information on stress management. Future plans include the administration of an employee survey with 50 of Utah's top private businesses - with the goal of determining how to support caregivers at the work site and decrease the potential loss of productivity.

CAREGIVER SUPPORT PROGRAM	
Fiscal Year 2002	
• Total individuals served	419
• Expenditures: State funds:	\$356,250
Fees:	\$32,848
Local funds:	\$80,487
Federal funds:	\$490,947
• Average annual cost per person	\$1,109
• Most frequently requested services:	
Home health aide	
Homemaker	
Adult day care	

4. Home and Community-Based Medicaid Aging Waiver Program

Home and Community-Based Medicaid Aging Waiver services are available to seniors age 65 and over who meet nursing home admission criteria and Medicaid financial eligibility criteria. Services provided to eligible seniors that enable them to remain at home include Homemaker, Adult Day Care, Home Health Aide, Home-Delivered Meals, Non-medical Transportation, etc.

HOME AND COMMUNITY-BASED MEDICAID AGING WAIVER

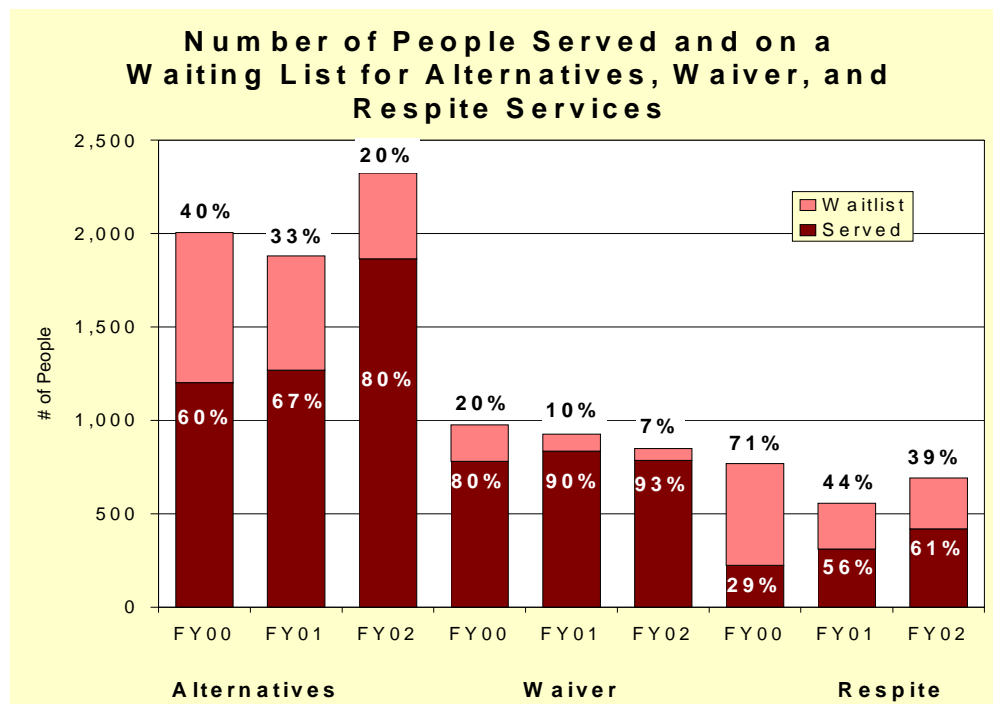
- Homemaker: 62%
- Home Health Aide: 45%
- Emergency Response: 59%
- Other (Home-Delivered Meals): 17%
- Adult Day Care: 8%
- Respite and Transportation: 29%

Cost Data on the Waiver

- Total individuals served: 832
- Total expenditures: \$2,378,688
- Annual cost per client: \$2,859

The chart below demonstrates the percentage of eligible clients receiving services in three programs as of June 30, 2002. The waiting list contains a list of individuals who have requested or their caregivers have requested assistance, and funding is the only factor why the individual on the list is not receiving services.

Approximately 93% of those eligible for the Waiver program and 80% of those eligible for the Alternatives program were served during FY 2002. A much lower percentage (61%) of those seeking respite care was served. Inadequate funding was the reason additional individuals could not receive respite services.



5. Older Americans Act Optional Services

Older Americans Act (OAA) funds are used to provide a wide variety of services that enable Utah's seniors to maintain their independence. Remaining at home in a community with which they are familiar is a high priority for Utah's seniors. When the aging process limits their ability to perform the tasks necessary to live independently, outside assistance is requested. With funds available from the Older Americans Act in the categories of access, legal, in-home and optional services, the Area Agencies on Aging provide services aimed at helping families and caregivers maintain seniors in their own homes and communities. The agencies also provide information and presentations on a wide range of topics of interest to seniors, such as health and medical issues, taxes, budgeting and personal finance, insurance, Medicare, estate planning, consumer fraud, etc.

The Area Agencies on Aging also assist seniors with chores that are difficult or impossible for some to do for themselves, such as lawn work, snow removal, and

minor house repairs. Friendly visitors, telephone reassurance, and volunteer services do much to alleviate problems which homebound seniors face if they are alone and isolated. Transportation is critical for seniors whose frailty prevents them from driving or who have limited access to public transportation services. The following chart illustrates how these optional services have been used by Utah's seniors during the 2002 fiscal year.

SUMMARY OF OPTIONAL SERVICES PROVIDED UNDER TITLES III-B	
Service	Units
• Transportation	289,662
• Friendly Visitor	221,830
• Information and Assistance	173,266
• Education and Training	55,224
• Telephone Reassurance	46,378
• Assessment/Screening	18,544
• Material Aide	15,925
• Shopping	12,356
• Outreach	11,996
• Chore Maintenance	8,097
• Personal Care/Home Health Aide	2,944
• Total	856,222

6. Health Insurance Information Program

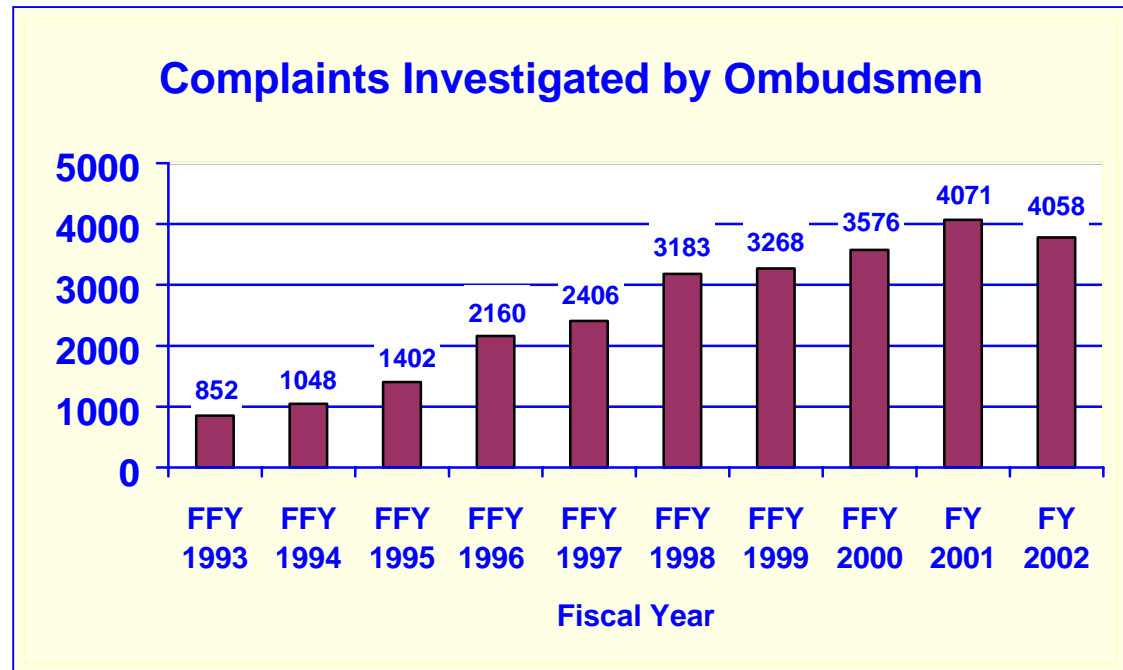
The Health Insurance Information Program (HIIP), funded through the Center for Medicare and Medicaid Services (CMS), operates in every county in Utah to assist seniors in understanding the complex nature of Medicare/Medicaid and supplemental insurance programs. The HIIP Program, by design, is operated at the local level with 85 volunteers statewide. The Division provides training and technical assistance to local staff and volunteers in cooperation with the Area Agencies on Aging.

The program coordinates with many allied agencies such as the State Insurance Commission, Social Security Administration, Division of Health Care Finance, Medicaid, etc., to provide information needed by Utah's seniors. During FY 2002, approximately 13,000 individuals obtained assistance from this program.

7. The State Long-Term Care Ombudsman Program

The Long-Term Care Ombudsmen are advocates for frail and vulnerable older individuals who live in nursing care facilities, assisted living facilities, small health care facilities and adult foster care homes. Ombudsmen investigate and resolve complaints concerning care, treatment and residents' rights.

While Utah provides an array of services that often allow frail individuals to remain in their homes, over 10,000 Utahns have care needs which are so significant that receiving care at home is not possible. Ombudsmen are committed to help these people whose choices are severely limited and who have limited control over their environment.



A full-time State Ombudsman housed at the Division of Aging and Adult Services serves as the coordinator of the program. Local Long-Term Care Ombudsmen in each of the Area Agencies on Aging are responsible for the investigation of complaints. There are just over seven full-time-equivalent positions and 19 volunteers on the local level to respond to the increasing volume of complaints from the public. Many of these concerns are very complicated. This program works very hard to improve the long-term care system, protect residents and resolve the concerns residents and families have. There has been a 476% increase in the number of complaints investigated since 1993.

For the last few years the most common complaint categories continue to be residents' rights, resident care and quality of life. The unavailability of staff or lack of properly trained staff seems to be a major factor in many of the concerns received by the Division.

8. Title V: Senior Community Service Employment Program (SCSEP)

Title V of the Older Americans Act provides funding for subsidized part-time employment and training opportunities for low-income persons age 55 and older. Most participants enter the program due to barriers which interfere with their ability to acquire the employment they were seeking. The most significant barriers that persons in the program face are age, gender, lack of job history, and below seventh-grade math and reading skills. Emphasis is placed on providing training and on-the-job experience

as a transition into unsubsidized employment. The following charts summarize activities of the SCSEP Program and present a profile of clients being served.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM	
• Persons served	212
• Persons placed in unsubsidized employment	72
• Expenditures	\$567,440
• Annual cost per enrollee	\$2,677

THE AVERAGE TITLE V ENROLLEE	
• Age: 55 – 59	28 %
• Female	70 %
• High school graduate	31 %
• Annual income below poverty level of \$8,240	95 %
• Minimum Title V wage	\$5.15 per hr.

9. Legal Assistance Services

Older Utahns face a variety of legal issues every day, ranging from health care insurance problems to housing issues to end-of-life planning. The Division of Aging and Adult Services makes sure there are legal assistance programs in place to help seniors protect their legal rights and maintain their autonomy and dignity.

The Older Americans Act recognizes legal and advocacy assistance as the core of a comprehensive elder rights system. Under Title IIIB of the Older Americans Act, federal funding is provided to the Utah State Division of Aging and Adult Services and the local Area Agencies on Aging, who then contract with Utah Legal Services, Inc., a non-profit law firm, and some private attorneys. These legal services providers offer free legal help to older persons in civil matters, prioritizing those elders in greatest social and economic need. The most common types of cases that are handled on behalf of older clients include: denials or terminations of government benefits (such as Medicaid, Medicare, Social Security, Veterans Benefits), tenants rights and housing issues, guardianship defense and other protective arrangements, long-term care problems, and some consumer fraud issues.

In addition, the Division's Legal Services Developer provides leadership in expanding legal and advocacy assistance to ensure that there are adequate, effective, and high quality legal assistance services available to older persons in Utah. The Developer coordinates with and provides training and technical assistance to the state's aging network staff (including long-term care ombudsmen and adult protective services workers), the local Area Agencies on Aging, legal services providers, the Utah State

Bar and local bar associations, and community organizations. The Developer also assists pro bono, or volunteer, lawyer programs which serve older clients. The goals of such assistance and coordination are to help older persons understand their legal rights, exercise choice, benefit from services and opportunities authorized by law, maintain rights (in particular, the rights of older persons with diminished capacity), plan ahead for possible illness and/or incapacity, and resolve disputes.

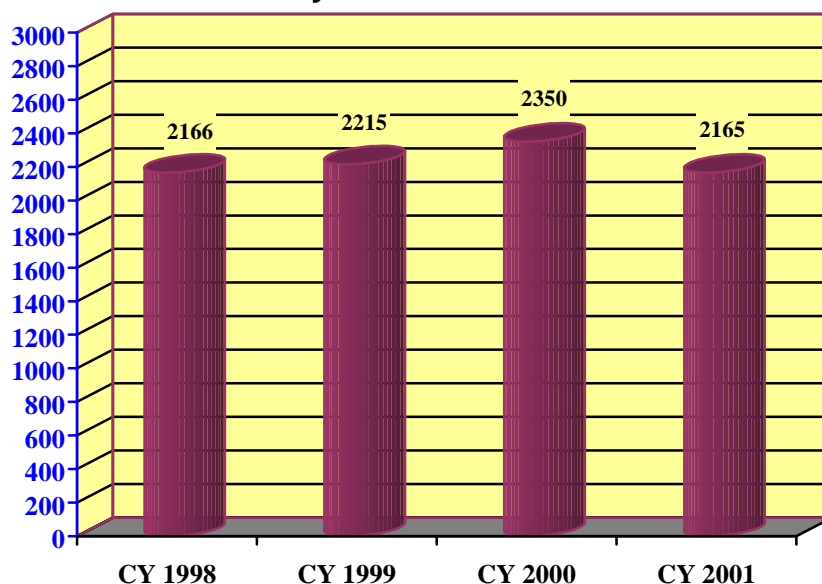
II. ADULT PROTECTIVE SERVICES

Federal and state statutes require that vulnerable adults, which includes the elderly and mentally or physically impaired adults, be protected from abuse, neglect and exploitation. Adult Protective Services, within the Division of Aging and Adult Services, is mandated to investigate allegations of abuse, neglect and exploitation of any vulnerable adult. Adult Protective Services' investigators are located throughout the state and intervene to stop the abuse, neglect and exploitation and provide services or referrals to vulnerable adults or their families for services which will protect them from further harm. Any person who has reason to believe that a vulnerable adult is being abused, neglected or exploited is mandated by law to report their concerns to Adult Protective Services or law enforcement.

Participation in services provided by the Division through Adult Protective Services is voluntary on the part of the vulnerable adult, unless mandated by a court order. Services provided to the vulnerable adult are paid for by the person whenever possible. Most are referred to community programs for assistance. If there are no community services available, short-term limited services such as adult foster care, adult day care or protective payee services may be provided by Adult Protective Services. Adult Protective Services coordinates and cooperates with other agencies and families, and encourages the vulnerable adult, families and other agencies to assume as much responsibility as possible for the care and protection of these individuals.

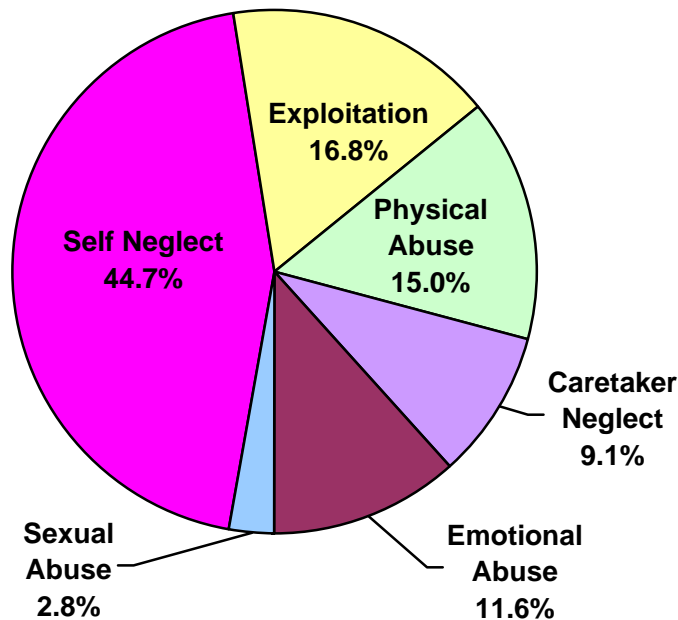
Abuse, neglect and exploitation of vulnerable adults continues to be one of society's most alarming problems. The following chart reflects the number of investigations completed by Adult Protective Services since 1998.

**Adult Protective Services Investigations
By Calendar Year**



The following chart shows the Division's Calendar Year 2001 Adult Protective Services investigations by type of substantiated allegation.

Adult Protective Services Investigation Results



A. Investigation

Utah has a mandatory reporting law that requires anyone who suspects that abuse, neglect or exploitation of a vulnerable adult is occurring to report the situation to either law enforcement or the local Adult Protective Services Intake (800-371-7897). Upon receipt of a report of suspected abuse, neglect or exploitation of a vulnerable adult, statute requires that Adult Protective Services conduct an investigation to determine the validity of the allegations. If it is determined that abuse, neglect or exploitation has occurred, the Adult Protective Service worker will assess the situation and recommend a course of action that will protect the individual from further abuse. State statute requires that law enforcement conduct an investigation on identified perpetrators and file criminal charges when the evidence supports that action.

The following charts illustrate a profile of the Adult Protective Services clients and perpetrators.

TYPICAL ADULT PROTECTIVE SERVICES CLIENT	
• Age: 70 – 79	22%
• 80 – 89	21%
• Female	60%
• Self Neglecting	45%
• Lives In Own Home	74%
• Referrals Substantiated	21%
• Prior Referral	39%

PERPETRATORS	
• Age: 18 – 29	27%
30 – 39	20%
40 – 49	27%
50 – 59	8%
• Relationship To Victim:	
Family Member/Relative	60%
Unrelated Non-Caregiver	28%
Paid Caregiver/Non-Relative	12%

B. Training

Only one in ten cases of abuse, neglect, or exploitation of vulnerable adults are ever reported to the proper authority. Low reporting may be a result of lack of awareness/education regarding Adult Protective Services. During the year 2002, the state made a concentrated effort to enhance awareness pertaining to vulnerable adult abuse and to the recent revisions made to the Civil and Criminal Law (U.C.A. § 62A-3-301 and U.C.A. § 76-5-111). DAAS's efforts have included providing training to approximately 4,300 individuals throughout the state of Utah, to include, but not be limited to, law enforcement officials, firefighters, long-term care professionals, home health professionals, medical professionals, financial institutions, and senior citizens centers. Education, collaboration, and cooperation continue to be important elements in recognizing and preventing vulnerable adult abuse.

C. Adult Day Care

Adult Day Care provides care for vulnerable adults needing supervision, socialization, or recreation during the daytime. Adult Day Care provides a safe place for families to place their relatives as respite or while they work. Day care is an especially important program for Alzheimer's victims and their families.

D. Adult Foster Care

Adult Foster Care provides family-based care for vulnerable adults who are unable to live independently due to mental, emotional, and/or physical impairments. Adults are placed with families having similar interests and lifestyles. The client can pay the provider directly for room and board from their income or the Division approves the families as meeting the foster home standards and pays them a service fee to cover the cost of supervision and care.

E. Family Support Services

Family Support Services provides payments to increase the capabilities of families to care for eligible Adult Protective Services clients in a family setting when no other services are available. These services are intended to maintain the individual in a family member's home and prevent premature institutionalization and may include, but are not limited to, respite care, transportation, supervision, shopping and equipment purchases.

F. Emergency Protective Payments

Emergency Protective Payments are issued to eligible individuals in emergency situations to provide for essential life-sustaining needs. Payments are intended to assist the client in avoiding a situation that could lead to a protective need or premature institutionalization and include services such as emergency shelter, utilities, and clothing. When feasible, the client repays the funds received.

G. Adult Protective Services Budget Reduction Impact

Adult Protective Services provides limited short-term services for victims of abuse, neglect and exploitation who do not have resources or family members to assist them in preventing further abuse. These short-term services have been funded using Social Services Block Grant (SSBG) funds. Since 1997, there have been numerous federal cuts in SSBG funding resulting in a 40% reduction (\$177,250) in available funds. In 2002, the State Legislature further reduced the amount of funding, specifically to Adult Day Care, by an additional \$170,000. In total, the short-term services budget has been reduced by 80% since 1997. The current budget for all short-term services statewide, including adult day care, adult foster care, family support and emergency funds is \$98,000. (See chart below.)

Adult Protective Services Short-term Services Budget Cuts FY97 to FY03:

Social Services Block Grant Reductions

FY1997	(\$62,800)
FY1998	(\$14,250)
FY1999	(\$60,900)
FY2000	(\$17,300)
<u>FY2001</u>	<u>(\$22,000)</u>
Total	(\$177,250)

FY2003 (\$170,000) General fund cut by the legislature specifically to adult day care.

Total Cuts (\$347,250)

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November 4, 2002

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Southeastern Utah AAA

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Salt Lake City, Utah 84103

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DIRECTOR: C. RONALD STROMBERG (801) 538-4391

MANAGER, SUPPORT SERVICES: Jerry Callister (801) 538-4592

TRAINING SPECIALIST: Elizabeth Sollis (801) 538-4339

March 18, 2002

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TO MAKE A REFERRAL:

SALT LAKE COUNTY: 801-264-7669

ALL OTHER AREAS OF STATE: 1-800-371-7897

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<u>CENTRAL</u> Salt Lake Summit Tooele Wasatch	Diane Stewart 645 E. 4500 S. Salt Lake City UT 84107 (801) 264-7613 FAX: 268-5422	645 E. 4500 South Salt Lake City, UT 84107 (801) 264-7669 FAX: 268-5422 County: Salt Lake	1764 Prospector Ave Park City, UT 84060 (435) 649-6018 FAX: 649-0351 Counties: Wasatch Summit	305 North Main Tooele, UT 84074 (435) 833-7358 FAX: 833-7345 County: Tooele	
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